

NORTH BROADWAY UNITED METHODIST CHURCH WEDDING RESERVATION FORM

Persons to be Married:

1. _____
Full Name *Phone* *E Mail*

Address: _____
Street *City* *State* *Zip*

2. _____
Full Name *Phone* *E Mail*

Address: _____
Street *City* *State* *Zip*

Date and time of Wedding: _____ **Space Requested:** ____Sanctuary ____Chapel

Date and time of Rehearsal: _____

FACILITY USE FEES: Includes Wedding Rehearsal, Bride’s Dressing Room, Groom’s Room, Custodial Services, Sound technician (Circle preferred location for ceremony)

Sanctuary	\$300.00
Chapel	\$150.00
Non-member Sanctuary/Chapel	\$400.00

STAFF SERVICES: (*required unless otherwise negotiated with officiating pastor)

Pastor*	\$250.00
Organist*	\$200.00
Altar Guild Coordinators*	\$50.00
Sound Technician	\$150.00
Video/Live Streaming	\$100.00

Custodial Services after 8:00 p.m. \$20.00 per hour \$ _____

Additional Musician Fees – If Rehearsals are Required

Accompany Soloist:	\$50.00 each soloist	\$ _____
Accompany Ensemble:	\$100.00	\$ _____

DECORATIONS: (optional)

2 seven-branch brass Candelabra/14 candles	\$40.00	\$ _____
Other candles used	\$2.00 each	\$ _____
Silk flower altar arrangement	\$25.00	\$ _____

RECEPTION FACILITY FEES: (optional)

Includes Custodial Services until 8:00 p.m.

Anniversary Hall	\$500.00	\$ _____
Undercroft	\$200.00	\$ _____

Meals negotiated per event

DEPOSIT REQUIRED

When submitting information sheet and this request form, please include payment for ½ of the total anticipated fees. This deposit secures the date on the church calendar. Deposit is refundable up to 30 days before the wedding.

Return to:
 North Broadway United Methodist Church TOTAL \$ _____
 48 E. North Broadway, Columbus OH 43214 AMT . ENCLOSED \$ _____

Signature: _____

For office use: *Date Deposit Received* _____ *Check Number* _____ *Amount* \$ _____
Date Balance Received _____ *Check Number* _____ *Amount* \$ _____